

# EXHIBIT E



**Department of  
Education**

**PRIOR WRITTEN NOTICE (NOTICE OF RECOMMENDATION)**

Date: 02/01/2017

Dear Parent or Guardian of A [REDACTED] MEITE

Student's DOB [REDACTED]

Local ID [REDACTED]

The purpose of this notice is to inform you, in writing, of the school district's recommendation(s) regarding the identification, evaluation, educational placement and/or provision of special education services to A [REDACTED] MEITE.

**SUBJECT OF THIS NOTICE:** Referral for an Initial Evaluation

**DESCRIPTION OF ACTION PROPOSED OR REFUSED:**

The School District proposes to conduct an initial evaluation of your child to determine his initial eligibility for special education services.

**EXPLANATION OF WHY THE ACTION IS PROPOSED OR REFUSED:**

**DESCRIPTION OF EACH EVALUATION PROCEDURE, ASSESSMENT, RECORD, OR REPORT USED IN THE DECISION TO PROPOSE OR REFUSE THE ACTION:**

Evaluation Procedure/Assessment/Record/Report	Date
Parent Request for Referral:	

**FOR AN INITIAL OR REEVALUATION - DESCRIPTION OF THE PROPOSED INITIAL OR REEVALUATION AND THE USES TO BE MADE OF THE INFORMATION:**

This evaluation will include a social history, a psychological evaluation, a physical examination, and an observation to determine your child's educational needs and other appropriate assessments as necessary.

The assessments conducted will be used to assist the Committee on Special Education in determining whether your child has an educational disability and, if so, the recommended special education services.

**DESCRIPTION OF ANY OTHER OPTIONS CONSIDERED AND THE REASONS WHY THOSE OPTIONS WERE REJECTED:**

None

**DESCRIPTION OF OTHER FACTORS THAT ARE RELEVANT TO THE PROPOSED OR REFUSED ACTION:**

None

2/1/2017

Initial Referral for A [REDACTED] MEITE [REDACTED]

**YOU HAVE PROTECTION UNDER THE PROCEDURAL SAFEGUARDS OF THE REGULATIONS OF THE COMMISSIONER OF EDUCATION.**

You can download a copy of the Procedural Safeguards Notice from the New York City Department of Education website or request a copy from Silvia Mcdaniel at 212-690-5932

**SOURCES YOU MAY CONTACT TO OBTAIN ASSISTANCE IN UNDERSTANDING THE SPECIAL EDUCATION PROCESS:**

**Name:** Silvia Mcdaniel

**Telephone#:** 212-690-5932

**Manhattan**

Resources for Children with Special Needs, Inc.  
The Manhattan Parent Center Without Walls  
116 E. 16th Street, 5th floor  
New York, New York 10003  
212-677-4650  
212-254-4070 Fax  
<http://www.resourcesnyc.org/content/manhattan>

**ADDITIONAL INFORMATION RELATED TO THE SUBJECT OF THE NOTICE:**

The proposed evaluation cannot be conducted without written consent. You have the right to consent or to withhold consent to the initial evaluation of your child. You will be invited to a meeting with a representative of the NYC Department of Education. At this meeting the representative will explain the evaluations to be conducted, your rights under the law, and then request your written consent.

You may also submit any assessments or other information regarding your child which will be considered by the Committee as part of the evaluation.

You have the right to address the Committee, either in person or in writing, on the appropriateness of the Committee's recommendations. If you have any questions or would like to request a meeting to further discuss information contained in this notice, please contact Silvia Mcdaniel at 212-690-5932.

Enclosures:

Procedural Safeguards Notice

Request for Physical Examination